HammondCare - Princess Juliana Lodge

Performance Report

10 Murrua Road
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**Commission ID:** 0426

**Provider name:** HammondCare

**Assessment Contact - Desk date:** 15 September 2021

**Date of Performance Report:** 20 October 2021

# Performance report prepared by

Pat Yin Lai, delegate of the Aged Care Quality and Safety Commissioner.

# Publication of report

This Performance Report **will be published** on the Aged Care Quality and Safety Commission’s website under the Aged Care Quality and Safety Commission Rules 2018.

# Overall assessment of this Service

|  |  |
| --- | --- |
| **Standard 3 Personal care and clinical care** |  |
| Requirement 3(3)(d) | Compliant |

# Detailed assessment

This performance report details the Commissioner’s assessment of the provider’s performance, in relation to the service, against the Aged Care Quality Standards (Quality Standards). The Quality Standard and requirements are assessed as either compliant or non-compliant at the Standard and requirement level where applicable.

The report also specifies areas in which improvements must be made to ensure the Quality Standards are complied with.

The following information has been taken into account in developing this performance report:

* the Assessment Team’s report for the Assessment Contact - Desk; the Assessment Contact - Desk report was informed by review of documents and interviews with staff, consumers/representatives and others

# STANDARD 3 Personal care and clinical care

### Consumer outcome:

1. I get personal care, clinical care, or both personal care and clinical care, that is safe and right for me.

### Organisation statement:

1. The organisation delivers safe and effective personal care, clinical care, or both personal care and clinical care, in accordance with the consumer’s needs, goals and preferences to optimise health and well-being.

## Assessment of Standard 3

To understand the consumer’s experience and how the organisation understands and applies the requirements within this Standard, the Assessment Team sampled the experience of consumers – their care plans and assessments were reviewed and staff were asked about how they ensure the delivery of safe and effective care for consumers. The team also examined relevant documents.

Overall sampled consumers consider that they receive personal and clinical care that is safe and right for them. Consumers interviewed said they are satisfied with the care and services provided to them by the service.

For example:

* One consumer said they are very happy with the care provided and staff make sure his medications are administered on time.
* Another consumer said that when she develops cramping in her legs the staff organised a medical review and non-pharmacological strategies were implemented with success. She is also satisfied with the care and services she receives.

Consumers and representatives agreed consumers have access to a medical practitioner or other health professionals such a physiotherapist when needed. However due to Covid-19 pandemic restrictions the service has not been able to provide other services such as hearing testing, podiatry and other specialist services. They are currently working towards securing these services in line with the current restrictions.

The service was able to demonstrate it has systems in place to ensure consumer’s deterioration or changes in acuity are detected and responded to in a timely manner. Staff have been trained to identify, document and escalate deterioration providing accurate and efficient clinical care and services which assures positive outcomes for consumers.

Review of care and services documents demonstrated the service has a robust system to identify deterioration, support staff in providing safe clinical care in response to changes in consumer and organisational level clinical oversight. Consumers and representatives provided positive feedback on clinical care and services and said they were satisfied with the responsiveness of the staff at the service. Staff showed they had sound knowledge of consumers condition and could provide examples of when they identified deterioration in consumers and how they responded.

Not all requirements were assessed and therefore an overall rating for the Quality Standard is not provided.

### Assessment of Standard 3 Requirements

### Requirement 3(3)(d) Compliant

*Deterioration or change of a consumer’s mental health, cognitive or physical function, capacity or condition is recognised and responded to in a timely manner.*

The service demonstrated that deterioration or change of a consumer’s mental health, cognitive or physical function, capacity or condition is recognised and responded to in a timely manner.

The Assessment Team interviewed consumers or representatives whom described their satisfaction with care and their confidence in staff to recognise their deterioration. The representatives interviewed also described the way the service provides them with up to date information on changes identified for the consumers to ensure they are provided with care and services to meet their needs.

The Assessment Team reviewed a sample of care planning documents that reflected the identification and timely response to deterioration or changes in condition. For example, the team noted examples of consumers who had wounds or falls that were identified and managed. This included the immediate implementation of strategies or referrals to meet their needs and ongoing monitoring to prevent further deterioration.

The Assessment Team interviewed a sample of staff who could describe their system of monitoring and responding to changes identified in consumers at risk of rapid deterioration. Management staff noted that the service maintains a clinical incident register and a register with consumers identified as deteriorating, and these are discussed during clinical meetings. Furthermore, they also explained that training is provided to support all clinical and care staff in deterioration, and when they are unsure, nurse mentors or the clinical care manager can assist with helping to respond to a consumer’s deterioration. Staff described the training they have received and could describe signs of deterioration and how to respond in a timely manner.

The Assessment Team reviewed a sample of documents and identified the service has procedures and policies to support staff in recognising and responding to deterioration. The team also confirmed staff training has occurred as evidenced by a review of the service’s training records. Furthermore, the team identified a newly appointed Nurse mentor has been hired to support junior clinical and care staff. The team also reviewed clinical data from the past three months (June-August 2021) which indicated marked improvements in outcomes for consumers in most incident types.

Based on the information available at the time of assessment, I find this requirement Compliant.

# Areas for improvement

There are no specific areas identified in which improvements must be made to ensure compliance with the Quality Standards. The provider is, however, required to actively pursue continuous improvement in order to remain compliant with the Quality Standards.